



#284 (NE)
Amendments
of Reason
5/6/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Zhao et al.

Serial No.: 09/317,536

Filed: May 24, 1999

For: **Interconnect with Low Dielectric
Constant Insulators for Semiconductor
Integrated Circuit Manufacturing**

Art Unit: 2811

Examiner: Douglas W. Owens

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TECHNOLOGY CENTER 2800

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

Dear Sir/Madam:

This is in response to the *Final Office Action* dated December 30, 2002 in the
above-referenced patent application. Please enter and consider the following
amendments and remarks.

05/01/2003 AMONDAF1 00000067 09317536

02 FC:1202
03 FC:1201

18.00 OP
84.00 OP



Attorney Docket No.: 02SPE112P-DIV

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Zhao, et al.

SERIAL NO.: 09/317,536 FILED: May 24, 1999

FOR: Interconnect with Low Dielectric Constant Insulators for Semiconductor Integrated Circuit Manufacturing

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

☒ TOTAL EXTENSION FEE \$ 110.00☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	21	MINUS **20	* = 1	x 18	x 9	\$ 18.00
INDEPENDENT	4	MINUS ***3	* = 1	x 84	x 42	\$ 84.00
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 102.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

05/01/2003 AWONDAF1 00000067 09317536

01 FC:1251

110.00 OP

-1-

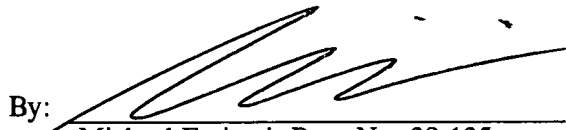
97RSS256-DIV

- ☐ Total fee for Supplemental Information Disclosure Statement \$ _____
- ☒ Enclosed is the total fee of \$ 212.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

4/25/03

By:

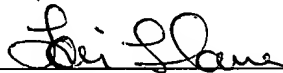

Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

4/25/03

Signature



Typed or Printed Name of Person Mailing Paper and/or Fee

Lori Llave

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